

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF TEXAS
Houston DIVISION

United States Courts
Southern District of Texas
FILED

JUN 25 2020

David J. Bradley, Clerk of Court

Abner Washington # 00278881
Plaintiff's Name and ID Number

Harris County Jail 701 Facility
Place of Confinement

CASE NO. _____
(Clerk will assign the number)

v.

Ed Gonzales, Sheriff 701 N. San Jacinto
Defendant's Name and Address

Linda Hidalgo, Judge Commissioners Court, 1601 Preston St
Defendant's Name and Address
Harris County, TX 77004

Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ☒ YES ☐ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: I don't have this record at hand;
2. Parties to previous lawsuit: I don't have this information because
Plaintiff(s) I am incarcerated
Defendant(s) _____
3. Court: (If federal, name the district; if state, name the county.) _____
4. Cause number: _____
5. Name of judge to whom case was assigned: _____
6. Disposition: (Was the case dismissed, appealed, still pending?) _____
7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Abner L Washington, and all prisoners
affected at the Harris County Jail 701 N. San Jacinto
and 1200 Baker St.

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Ed Gonzalez Sheriff, Harris County
701 N. San Jacinto, Houston, TX 77004

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #2: Enz Hildalgo, Judge Commissioner's Court
1001 Preston, St. Houston, TX 77004

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Plaintiff Washington is a non-violent parole violator held in jail awaiting a hearing by the Texas Board of Pardons / Paroles. Plaintiff Washington has a pre-existing health condition of Chronic Hepatitis C with extremely low platelets and a compromised immune system which makes him highly susceptible to the Corona-Virus. Because of all the Plaintiff's pre-existing health issues, and being a non-violent parole violator the plaintiff should not be forced to remain in the custody of the Harris County Jail. The plaintiff is also being exposed to sexual acts of aggressive homosexuals namely Crips and Bloods who masturbate in the public dayrooms on female officers, and who assault

VI. RELIEF: In matter who complain against them

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

To order the Sheriff and Commissioners Court to release all non-violent misdemeanors and parole violators, and provide a more elaborate classification and separation of non-violent prisoners from assaultive gang members

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Abner Leonard Washington Abdullah Talib Anwar Alameym

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

#294103; #341255 and #703711

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☒ NO

C. Has any court ever warned or notified you that sanctions could be imposed? YES NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): Unknown
2. Case number: _____
3. Approximate date warning was issued: _____

Executed on: 06/22/2020
DATE

Abner L. Washington
[Signature]
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 22 day of June, 20 20.
(Day) (month) (year)

[Signature]
Abner L. Washington
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number: _____
 (The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: Abner L. Washington In the (check one):
 (Print first and last name of the person filing the lawsuit) ☐ District Court
☐ County Court / County Court at Law
☐ Justice Court

Defendant: Ed Gonzales, Sheriff Harris County Texas
 (Print first and last name of the person being sued) County

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: Abner Leonard Washington My date of birth is: 7/23/61
 (First Middle Last) (Month/Day/Year)

My address is: (Home) 701 N. San Jacinto Houston, TX 77004
 (Mailing)

My phone number: (713) 433-3873 My email: None

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1 <u>None</u>		
2		
3		
4		
5		
6		

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☐ I do not receive needs-based public benefits. - or -

☐ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
- ☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
- ☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
- ☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
- ☐ County Assistance, County Health Care, or General Assistance (GA)
- ☐ Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ 0 in monthly wages. I work as a _____ for _____
Your job title Your employer\$ 0 in monthly unemployment. I have been unemployed since (date) _____.\$ 0 in public benefits per month.\$ 0 from other people in my household each month: (List only if other members contribute to your household income.)\$ \$700.00 from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp☒ Social Security ☐ Military Housing ☐ Dividends, interest, royalties☐ Child/spousal support☐ My spouse's income or income from another member of my household (If available)\$ 0 from other jobs/sources of income. (Describe) _____\$ 0 is my total monthly income.**5. What is the value of your property?**

"My property includes:

Cash \$ 0 Value*Bank accounts, other financial assets \$ 0\$ 0\$ 0\$ 0Vehicles (cars, boats) (make and year) \$ 0\$ 0\$ 0\$ 0Other property (like jewelry, stocks, land, another house, etc.) \$ 0\$ 0\$ 0\$ 0Total value of property → \$ 0**6. What are your monthly expenses?**

"My monthly expenses are:

Rent/house payments/maintenance \$ 0 AmountFood and household supplies \$ 0Utilities and telephone \$ 0Clothing and laundry \$ 0Medical and dental expenses \$ 0Insurance (life, health, auto, etc.) \$ 0School and child care \$ 0Transportation, auto repair, gas \$ 0Child / spousal support \$ 0Wages withheld by court order \$ 0Debt payments paid to: (List) \$ 0\$ 0\$ 0\$ 0Total Monthly Expenses → \$ 0

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed)

I can't receive SSI while incarcerated(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☐ I cannot afford to pay court costs.☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.My name is Chris Washington My date of birth is 2-23-61My address is 201 N. San Jacinto, Houston, TX 77004

City State Zip Code Country

Signature Chris Washington signed on 1/1 in County County, State

Month Day Year county name State

June 22, 2020

Abner L Washington

HCSO Spn. # 00278881

701 N. San Jacinto ~~562~~ 5G2

Houston, TX 77004

Clerk U.S. District Court
Southern District of Texas
Houston Division
515 Rusk Ave 5th Fl
Houston, TX 77004

Re: Washington vs. Gonzales,
Sheriff Harris County Jail
Case # _____

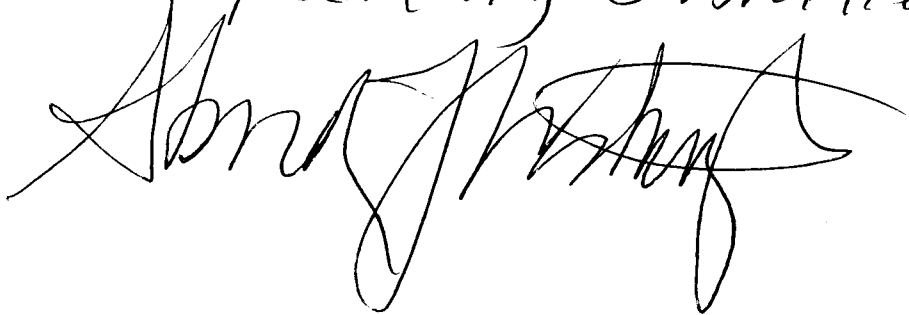
Dear Clerk:

I am in really bad shape and
suffering severe pain from numerous
medical conditions and possibly Covid-19 as
other inmates say they were sick before

I moved on the tank; I will have
to amend this complaint and state

Additional facts and information; But I am claiming cruel and unusual punishment by being exposed to violence of gang members, namely; crips and bloods who are aggressive homosexuals or bisexuals that open masturbate in the cagroom; take other inmates property and assault inmates who complain against them. Several officers play into these assaults and perverted games, especially females. The classification plan or policy of the jail does not separate inmates based on age or nature of offense or causes of detention. Thus, under the current policy and practices gang members are taking advantage of senior citizens and elderly inmates. The homosexuality and open perversion and assaults are ridiculous; I am not seeking monetary damages as much as I am federal intervention to eliminate all the inherent dangers caused by deliberate indifference of the Sheriff department officials to inmates

Thank you for your time
and assistance

Respectfully Submitted


HARRIS COUNTY SHERIFF'S OFFICE JAIL

Name: Abner Washington
SPN: 00278881 Cell: 592
Street: 701 N. 5th Decinto
HOUSTON, TEXAS 77002



INDIGENT

United States Courts
Southern District of Texas
FILED

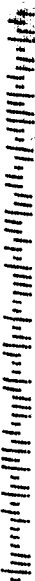
JUN 25 2020

David J. Bradley, Clerk of Court



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Houston Division
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Houston, TX 77002